post-operative treatment also as above was carried out. The third day a slight hemorrhage from the wound took place. A thorough washing of the bladder with boric acid solution and a repacking of the wound brought a complete stop to this much troubled condition complained of by various authors.

The patient continued to improve, was up and about on the fourth day. It is now almost one year since the operation, the patient says he feels fine, arises but once at night to pass his water, and only four times during the day. The urgency, pain, tenasmus has left him entirely. His sexual power, so he claims, is fine.

Conclusions.

1. The clinical features of bladder insufficiency are very little distinguished between atrophy and hypertrophy.

2. The cause of the bladder disturbance due to atrophy is not clear, some authors believe it is an anatomical change in the bladder wall, an arteriosclerotic degeneration after Guyon; an atrophy of the bladder muscle after Ciechanowski, while others maintain that the cause of the insufficiency rests in the change in the bladder opening whereby the role of a mechanical obstruction is played, a valve at the inner urethral opening after Englisch. Fullers, Chetwood, Keyes, Cholzoff believe the condition is due to a chronic contraction at the neck of the bladder; and finally, such authors as Albarron, Janet and Bazy attribute the cause of the insufficiency to a contraction of the neck arising reflexly.

3. The symptoms of mechanical obstruction due to atrophy cannot be distinguished from those of a mechanical obstruction due to hypertrophy.

4. The anatomical standpoints are, nevertheless, of both conditions atrophy and hypertrophy of the prostate entirely different. The hypertrophied gland is easily enucleated. There is a deviation of the urethra and a baring of the bladder opening which hinders the free outflow of urine. In the atrophied gland the adenomatous condition is wholly wanting. The obstruction to the bladder opening comes probably following atrophy of gland canals when a change in the proportion of the gland tissue and stroma take place.

5. The treatment of the bladder insufficiency due to prostatic atrophy should be a radical removal of the diseased tissue surrounding the inner opening of the bladder. The operation for the removal of the atrophied gland either by the suprapubic or the perineal route is much more difficult than the hypertrophied gland due to the fact that in the former there is no adenomatous tissue and the hold on the surrounding tissue extremely firm.

TRAUMATIC HYSTERIA.*

By JAMES T. FISHER, M. D., Los Angeles.

This paper consists of an analysis of thirty cases of so-called traumatic hysteria, which have come under our personal observation in recent years. Rather than report each case in detail, we will discuss only some of the dominant symptoms, the majority of which were found in all the cases wherein paralysis occurred. One-third of the series showed no paralysis.

No attempt will be made to enter into a long disquisition relative to hysteria in general except the symptoms which are herein referred to.

As we all know hysteria in major or minor form is relatively common and often masquerades under one heading or another, imitating, as it often does, organic disease. We have often had occasion to change the diagnosis of a sprain, even a broken back, to plain hysteria. We sometimes see an extremity bandaged and splinted which only makes the psychosis worse, and in no small degree intensifies the existing hysteria.

For many years e have felt that the terms traumatic hysteria and traumatic neurosis are incorrect appellations and should be entirely discarded. They do not stand for any disease entity. We all know that a hysteria may follow a traumatism, but even so, it differs in no respect from the same disorder due to other causes.

We do not believe, as has been advocated by Babinski, that the disorder is due to suggestion. The practical question in relation to these cases is, how soon after traumatism did they develop? If immediate, it is almost certain that they existed before, and a thorough study of the antecedents of the individual will often reveal such data. Some of our cases were not typically pure hysteria but were mixed in varying proportions with neurasthenia and one indeed showed a bit of malingering.

Hysteria, traumatic or otherwise, always has certain definite earmarks known as stigmata. We are fully of the opinion, especially in traumatic cases, that no stigmata, no hysteria. With regard to these stigmata without doubt the limitation of the visual field through which the patient sees as through a keyhole, may be regarded as the most important of the different stigmata to which we will allude, and was found in 25 cases in this series. Next, we may regard a lessening or diminution in tactile sensibility on one side of the body, very often the left side, which we speak of as hemi-anesthesia. There is absolutely no possible organic cause for this condition, except in rare cases from lesions in the posterior part of the internal capsule, and if such lesion did exist we would have a very different group of symptoms.

The next most important sign in our experience is a mono-plegia affecting one leg or one arm often on the left side. Over this paralyzed area we invariably found sensory disturbances which were not noticed by the patient until his attention was called to it—which was a loss of sensation over the entire part paralyzed to where the member joined the body. In three of our series this disturbance of sensation was to touch, temperature, and pain. In other cases it was merely a loss of sensation to touch. As we all know, this does not correspond to any definite nervous distribution and was, as is sometimes seen in alcoholic neuritis, a stocking or glove termination. In thirteen of this series the symptom known as globus was quite evident, this meaning that the pharyngeal wall partakes of the same degree of anesthesia which is

* Read before the Forty-third Annual Meeting of the Medical Society, State of California, Oakland, April, 1913.

evident in other parts of the body, and attempts at deglutition are repeatedly made, and occasion the symptom. Many of these patients spoke of a tight or clutching sensation in the neighborhood of the pharynx.

Aphonia was present in four cases—a condition wherein the speaking voice is entirely lost but the patient is able to whisper. Vise-like contractures occurred in five cases wherein one extremity was paralyzed. Astasia abasia, a curious condition wherein the patient could make all the movements of walking while lying on his back, but when he attempted to stand, all power of his extremities seemed to leave him. The mental examination in the series seems to show a placid exterior with a considerable amount of suppressed or pent-up emotion together with a degree of suspicion which was sufficient to make one consider the development of a psychosis.

A great desire was evident on the part of the patient to be examined or to allow himself to be shown at the clinic so that he could illustrate how badly he was hurt, and a morbid craving for sympathy.

Most of the series were suggestible to an alarming extent and could be thrown into deep hypnosis by an individual unaccustomed to bring about this form of induced sleep. Indeed suggestibility is the underlying characteristic of the hysterical mental state, traumatic or otherwise.

An illustrative case is that of a young man of 29 years with a face which would stamp him as a neurotic. He falls off the car on the 1st day of January. The tumble is a gentle one. He does not promptly get up and is assisted by several who ask him if he is seriously hurt. Of course he does not know, but because his shin hurts a little and because of the excitement incident to the occasion, he yields to the suggestion of the police and others, who rush him to a hospital. He is duly examined by the doctors, nurses, and other attendants. A flaccid paralysis of the lower extremities develops. In addition he has retention of urine for a few days and has no sensations in his legs and thighs to the point corresponding to Poupart's ligament. He is unaware of this sensory trouble. Reflexes normal. He is told that he is seriously ill and promptly somebody suggests to him that he has a good case against the railroad company and can secure a big fee from that corporation. The suit is begun and the many examinations only fix more firmly the idea that he is permanently paralyzed, and will never get well.

The picture which I have drawn is only one of many of which I might speak. The question immediately arises, "Why did the man have the paraplegia? Why do the legs possess no feeling and why does he have a temporary retention of urine?" The most natural thought is that he is suffering from a broken back or from disintegration of the spinal cord. But examination does not show findings corresponding to a lesion in cord.

As a matter of fact this poor neurotic had the material for the trouble when he fell off the car and the fright together with the other suggestions made to him while in this morbid state of mind, produced in his cortex a certain disturbance by which his memory for motor movements in his lower extremities was buried or otherwise obscured and the entire mechanism disordered. There are many theories to explain the mechanism for this psychosis. The writer feels there is just as much limitation of the field of consciousness as is evident in the limitation of the visual field. Sensations are received and perceived but are not transferred to the domain of personal consciousness. The blind see and the numb feel. Loss of sight is purely psychical. Through some process, the images while really perceived, do not mix in with associated ideas which make up the individual's personality. The conscious mind is only occasionally aware of what is going on in the sub-conscious mind. The conscious mind is oblivious of what its neighbor is doing. By this hysterical symptoms can be explained.

When we recognize, and often we do not, that we are dealing with a disorder purely mental, in which there is no organic change in the nervous structures, any more than one could find in any case of acute insanity, we should not forget that physical measures such as splints, etc., have never cured psychic disorders, except through that peculiar process called suggestion.

Psychic methods are the only methods that can cure psychic disorders. We believe that the patient cannot have hysteria without being congenitally pre-disposed and the physical injury in and of itself has little, if any, to do with the etiology.

Hysteria results from emotional shocks, as is evidenced by the fact that it is also present where the patient merely thinks he is going to be injured. We know of but one case in which the disorder continued for years after adjustment of the lawsuit. The reason recovery takes place so quickly upon adjustment is, that the emotional situation changes. Joy replaces fear, worry, and anxiety and starts the sympathetic system working properly.

The simile which the writer is wont to use is that the patient gets on to the car with his pockets full of powder and that the accident is merely the match which ignites the powder, which powder was in his pockets years before he entered the vehicle.

In closing, the writer wishes to make a plea for a radical change in the treatment of this disorder, and believes, and has indeed proof, that when the patient is in such morbid state of mind this elusive organ should be placed, so to speak, in a splint and kept absolutely at rest. If, after the accident, the patient is quietly isolated, removed from his friends and family, instructed that he must lie perfectly quiet and not converse, supplied with a nurse who can control her own mechanism of speech and under the medical care of a physician who understands the disease, we would hear very little of persisting traumatic hysteria.

Instead of this he always gets sympathy, his complaints are received as though they represent real organic trouble and instead of rigid discipline, he is allowed to follow his sensations and nurse his disease; he becomes a chronic invalid. He is fed on indulgence and morbid suggestion which is the food which fattens the disease.